

GENDER IN THE PROZAC NATION ***Popular Discourse and Productive Femininity***

LINDA M. BLUM
NENA F. STRACUZZI
University of New Hampshire

Since Prozac emerged on the market at the end of 1987, there has been a dramatic increase in antidepressant use and in its discussion by popular media. Yet there has been little analysis of the gendered character of this phenomenon despite feminist traditions scrutinizing the medical control of women's bodies. The authors begin to fill this gap through a detailed content analysis of the 83 major articles on Prozac and its "chemical cousins" appearing in large-circulation periodicals in Prozac's first 12 years. They find that popular talk about Prozac and its competing brands is largely degendered, presented as manifestly gender neutral, yet replete with latent gendered messages. These are about women with neurochemical imbalances but also about the need to discipline elite female bodies, to enhance their productivity and flexibility. This new form of female "fitness" mirrors demands of the New Economy and indicates how psychiatric discourse contributes to the historically specific shaping of gendered bodies.

Keywords: *Prozac; psychopharmaceuticals; gender; psychiatry; new economy*

Much recent scholarship in gender studies has revealed the profoundly historical construction of the body. Research shows how a range of practices, from the micropolitics of daily makeup to the appearance of devastating illness, are formed by specific sociocultural forces and contribute to shaping gendered bodies (e.g., Dellinger and Williams 1997; Gimlin 2002; Klawiter 1999). In this article, we ask specifically about new practices involving Prozac, a psychopharmaceutical used to

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REPRINT REQUESTS: Linda M. Blum, University of New Hampshire, Department of Sociology, Horton Social Science Center, Durham, NH 03824-3586; phone: (603) 862-1974; e-mail: lmblum@cisunix.unh.edu.

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treat depression, anxiety, and mood or affective spectrum disorders. Through an examination of mass print articles on the topic, we ask what the drug's popularity may signal about current gender arrangements and rearrangements. Prozac emphasizes altering brain neurochemistry, and its popularity has renewed the conviction that the mind *is* primarily of the body. If gendered bodies and minds are historical objects, what is signaled by the unprecedented growth of this new biomedical treatment?

Since its introduction in the U.S. market at the end of 1987, Prozac has attracted unprecedented media attention compared to other psychopharmaceuticals.¹ Its popularity resembles but far outstrips that of Valium, the tranquilizer labeled "mother's little helper" in the 1960s (Koerner 1999; Metzl 2002). Prozac is a second-wave drug with fewer side effects and lower toxicity than earlier antidepressant or anti-anxiety medications. It faces stiff competition from its chemical cousins Paxil, Zoloft, and other brands that act similarly on the brain's neurotransmitters. Industry information on sales is private; however, journalists obtain ballpark figures, and these circulate back into expert discussion. Psychiatrist Lawrence Diller, for example, reported that 28 million Americans have used either Prozac or a competing brand, citing the *Wall Street Journal* (1998, 109). According to the *New Republic*, in its first five years, Prozac provoked a 50 percent increase in antidepressant use (Rothman 1994). Prozac also appeared on magazine covers and television news, talk, and entertainment programs. The *New York Times* style editors named it among the "hippest" of advanced-technology products (Hayt 2000). Memoirs *Prozac Nation* and *Prozac Diary* hit the best-seller lists, as did works by psychiatrists. Among the latter, Peter Kramer in *Listening to Prozac* wrote, "Prozac enjoyed the career of the true celebrity" (1993, xvi).

Expert medical discourse about Prozac also proliferates, interacting with popular talk. Although clinicians are largely concerned with treatment protocols, bioethical discussion does pose questions about sociocultural forces. Such discussions explore whether the United States increasingly requires chemically enhanced citizens who are "better than well" (Hastings Center 2000). Surprisingly, few scholars have investigated in what ways such increased cultural requirements might be gendered or might be requiring the enhanced performance of gender. David Karp's (1996) symbolic interactionist account of pre-Prozac depression experiences does document the meaning of psychotropics to users. Karp noted disproportionate rates of depression among women and his difficulties recruiting men to interview; yet he did not view gender as more than a trait of individual interviewees. Regina Smardon's (2003) small narrative study also fails to analyze the gender system, although it does illustrate how significantly Prozac has altered public discourse and private experience. Our work, in contrast, builds on that of literary scholars Judith Kegan Gardiner (1995) and Jonathan Metzl (2002), who have found Prozac discourse to be fundamentally about the reproduction and reconstitution of gender in our era.

We sought to investigate popular discourse on burgeoning Prozac use to see if women were the target audience and if the product thus took on a feminine

character. Drug companies might prefer that their products' demographics remain open to attract the largest possible markets. However, we questioned if women's disproportionate use and the gender stereotyping of earlier psychotropics might enter implicitly or explicitly in journalists' accounts of the new wonder drug. We also scrutinized what kinds of femininity, what norms for gendered bodies and minds, were emphasized. If Valium was famously named by the 1967 Rolling Stones's song, it was a time when most white, middle-class mothers were still at home full-time. The sleepy, slightly euphoric, "ambition-thwarting" feelings the drug induced (Koerner 1999) both reflected and helped reproduce this normative femininity. With women now ensconced in an increasingly volatile labor force, we examined popular discourse to discover how Prozac reflects and helps reproduce specific feminine traits normative for our era.

THEORETICAL BACKGROUND

Feminist scholars have long been interested in the relation of psychiatry to women. Psychiatric discourses have recast women's responses to subordination as disorder, hysteria, or madness. Whether such expert normalization occurred directly on the female body varied, however. In the mid-twentieth century, for example, psychiatry treated interior emotional states largely through psychoanalytic talk therapies. Even when practitioners did treat through the body with drugs, surgery, or electroshock, they still saw emotional makeup as caused by individual history, with disorder a result of unresolved personality conflicts (Metzl 2002). Feminists of the 1970s thus attacked psychiatry in general, its talk therapies and physical methods, as harming women by adapting them to powerlessness (Bart 1971; Chesler 1972; Ehrenreich and English 1978).

Metzl (2002) argued that because psychiatry as a discipline normalizes threats to "heteronormativity," most psychiatric illnesses are implicitly gendered. This argument moves away from psychiatry as simply oppressive or harmful to women. He and Kegan Gardiner (1995) examined instead how psychiatric discourse contributes to gender as a larger sociocultural system patterned through the binary distinction of male from female, masculine from feminine. As such, mental illness is not only gendered in biomedical terms, with disproportionate cases of particular disorders among male or female individuals; mental illness is also constructed and understood in terms that convey femininity or masculinity, that produce and police their boundaries (see also Kempner 2003). There is, therefore, an unscientific circularity between diagnosis and representation, clinical and popular image: Alcoholism and violent disorders are masculine typed and thus found primarily among men, while depression, with its loss of voice and anger turned inward, is feminine typed and, according to professional sources, found among twice as many women as men (American Psychological Association 1999). Research also shows women use psychotropics at twice the rate of men (Ettore and Riska 1995, 2, 40). Popular sources claim between 67 and 80 percent of Prozac users are women (*Ms.*). The

popular and clinical again circulate, as feminist scholars find that professional journals disproportionately portray women users in psychotropic drug ads (Ettorre and Riska 1995; Hanson and Osborne 1995). Such research on drug advertising has made gender constitutive, yet it assumes the simpler notion of harm disrupted by second-wave pharmacological breakthroughs as well as advances in feminist theorizing.

Medical sociologists employ a similar notion of psychiatric harm in arguments about the increased medicalization of everyday life. Many conclude that psychiatric and biomedical modes of categorizing and treating individuals oppressively conceal underlying social causes for problem behavior. Some of this research makes note of gender differences. Peter Conrad's—like psychiatrist Diller's—studies of attentional disorders and burgeoning Ritalin use largely ignore gender as an analytic factor, although each author notes that Attention Deficit/Hyperactivity Disorder is primarily diagnosed in young boys. Interestingly, while ignoring this atypical engendering of psychotropic use, each credits (or blames) the popularity of (female-typed) Prozac with furthering Ritalin's acceptance (Conrad and Potter 2000; Diller 1998). Feminists in medical sociology find the effects of medicalization more paradoxical. For example, several argue that the medicalization of premenstrual syndrome (PMS) reinforces negative stereotypes of women's "raging hormones" while also providing relief to sufferers (Figert 1995; Lorber 1997; Markens 1996). Verta Taylor (1996) argued that women with postpartum depression use psychiatric discourse to challenge oppressive aspects of traditional motherhood.

While we draw from the medicalization literature, we also draw on the macro-interdisciplinary tradition on the history of the body influenced by Michel Foucault. This work explores how large-scale interactions of states and economies, as well as cultural discourses like biomedicine, produce "natural" bodies and sexualities (Foucault 1978). Foucaultian scholars have argued that bodies and appearance increasingly matter in our new economy of global capitalism. They differ, however, on the significance of gender for these bodies. Anthropologist Emily Martin (1994), for example, has suggested a declining significance of gendered bodies. She maintained that body metaphors move from machine to flexible specialization as we move from stable Fordist bureaucracy and assembly line to transnational firms with webs of contingent employment. Like global firms, "postfordist" bodies must be flexible and responsive to changing environments. Martin concluded that agility and new forms of "fitness" will sort bodies by inequalities other than gender. Featherstone (1991) similarly maintained that the body becomes degendered as body disciplining becomes a more general obsession, a final frontier of control amid new uncertainties, for men as well as women.

In contrast, French sociologist Pierre Bourdieu (1984) argued that some class fractions are more likely to "cultivate" their bodies; women in elite labor markets have the most need for this demonstration of cultural capital through appearance, style, and deportment. British social scientists Linda McDowell (1997) and Lisa Adkins (2001) similarly contended that the engendering of bodies is being

rearranged to require the increased performance of femininities by women, if with some masculine traits. Among the financial services professionals studied by McDowell, capitalist volatility affected men as well as women, but men remained the insiders who dominated organizations. New hybridized body ideals focused on feminine manipulation and display by the women who were recent, vulnerable entrants to higher-status positions.

We find that Prozac talk is filled with such latent messages of increased requirements for body disciplining for women, reinforcing rather than lessening gender boundaries. Prozac, in our analysis, offers to enhance this manipulative ability and more masculine-typed emotional detachment. We discover that Prozac talk, like the feelings induced by the drug, thus emphasizes women's productivity and workplace success. These are precisely the traits that, in an earlier era, Valium sedated (Metzl 2002, 356).

METHOD

We examined popular discourse on Prozac through a content analysis of major magazine articles. Feminists studying psychiatry have often focused on psychotropic advertisements in professional journals. Such research, therefore, has emphasized the clinician's power in diagnosis as well as his or her immersion in dominant culture (Ettore and Riska 1995; Hanson and Osborne 1995). In contrast, because of Prozac's celebrity, we studied popular print articles that offer presumably objective information directly to nonexperts. The line dividing advertising from journalism may be increasingly blurred, but we interrogated what a layperson might read about Prozac from articles still presented as disinterested sources.² We specifically investigated how such sources implicate gender while explaining depression, related disorders, and their treatments. Prozac was first on the market and thus dominated market shares and media attention, but it was often spoken of in conjunction with its chemical cousins. These drugs are selective serotonin reuptake inhibitors (SSRIs), which increase the neurotransmitting chemical serotonin in the brain's synapses. We use the term *SSRI* somewhat interchangeably, keeping in mind that only Prozac's name has entered the vernacular.

We generated our sample of print-magazine articles from all those listed in the *Readers' Guide to Periodical Literature* under "Prozac" and "antidepressants." Our search yielded 149 articles from 1987 to 5 July 2000.³ We then selected 83 articles for in-depth analysis. These were feature articles in periodicals with circulations greater than 100,000 focused on health. We developed coding categories from our theoretical concerns and immersion in multiple close readings. We worked from the surface—pictures of men versus women, explicit reporting on the gender of those depressed—to more subtle cues found in traits ascribed to Prozac users—their occupations, their obsessions, their bodily concerns. We coded both expository writing, explaining factual information, and vignettes offering brief personal narratives. The two authors coded individually and then checked for intercoder

reliability. Initial agreement was 79 percent and higher; code-recode reliability was greater than 95 percent. Because of the wide range of magazines (from *Business Week* to *Ladies' Home Journal*), we compared women's magazines to the larger group. Although our study covered a 12-year period, we could detect no clear trend of changing representations between 1987 and 2000.

In the first section below, we contrast the degendered representations of Prozac users with latent messages conveying that most who need the drug are women. Next, we examine the overwhelming approval of SSRIs, but then we turn to the group of articles linking Prozac to New Economy pressures. In the third section, we show how Prozac talk of economic volatility is linked with talk of a new feminine ideal. Finally, we look at the lack of feminist skepticism toward the burgeoning use of SSRIs.

FINDINGS

Who Needs Prozac?

We found some initial support for the contention that postfordist bodies are becoming less gendered. Magazine reporting on Prozac usage treats the drug as gender neutral. Among all the articles, only 20 mentioned the disproportionate use of SSRIs by women. Only 7 of these 20 discussed the gender gap in any detail. Sixty-three articles (76 percent) reported nothing on it. Among women's magazines, however, 9 of 14 articles acknowledged that SSRI use has been "skyrocketing" among women.

The ultimate causes for depression and mood disorders were also described in gender-neutral neurochemical terms. We originally guessed that psychological causes implicating gender would be prevalent, citing family relationships, for example. Yet we learned that psychology is now biology, and of a degendered, systems-like sort, as Martin (1994) contended. Sixty-six of our 83 articles (80 percent) relied solely or primarily on such explanations: circuitry "disregulated," synapses "misfiring," and "neuronal hardwiring" developing "quirks." We read of advanced visualizing technologies, magnetic resonance imaging, and positron emission tomography, seeming to prove this hardwired, gender-free nature of depression and its cure.

Fifty-one of 83 articles also named Prozac users with grammatically gender-neutral terms, that is, depressed *Americans, Canadians, Christians, people, population, folks, users, patients, or consumers*. Even *whiners, malcontents, and Woody Allen characters* are neutral. *Victims or sufferers* might suggest feminine passivity, but these terms were less frequent.

Nine articles, however, were more contradictory, with greater suggestions of femininity. For example, Canadian news magazine *Macleans* focused on depression among "working Canadians," stating that compared to all groups, teachers had far higher rates of such long-term disability claims. While the word

teacher is linguistically neutral, the occupation continues to be women's work in image and reality (that is, at K-12 levels). The next article in this issue was more unusual in appearing to generalize from the feminine: The author described a study of depression among "teen girls and their mothers" yet used the neutral terms "adults" and "youngsters" to discuss its implications.

We found less support for Martin's (1994) contention of degendered bodies when we asked whether men or women were represented in specific depictions, in pictures or vignettes, of individual SSRI users. We found, in contrast to the lack of reporting on the gender gap, the degendered biology and labeling, that depictions clearly showed more women than men. Of the 39 articles that included stories or pictures, 30 represented more women than men. The narratives also relied heavily on gender stereotypes. The contradictory article on depression among working Canadians and teachers told a highly gendered tale of Prozac use and women's caregiving, featuring a single mother raising two young children, leaving teaching to run a home daycare. An ostensibly neutral *Newsweek* piece, in another example, featured testimonials by three women; just one man was named, the pharmacist selling Prozac. Finally, a *Ladies' Home Journal* article on obsessive-compulsive disorder carefully reported, "OCD [obsessive-compulsive disorder] afflicts both men and women alike"—together, some 4.5 million adults. However, the only story was of a mother obsessed with laundry and housecleaning. Men were included but, as Metzl (2002) also found, only as the medical experts called on to explain the disorder.

The manifest gender neutrality of this media discussion was further contradicted by latent messages of the body's femininity. Eli Lilly has recently targeted women more explicitly by repackaging Prozac's androgynous green and white capsules and replacing them with the pink and purple Sarafem, a newly approved drug treatment for severe PMS (premenstrual dysphoric disorder). This marketing move, to escape the 2001 expiration of Prozac's patent, does contradict our suggestion that Prozac's representations remained unchanged over time.⁴ However, we examined only articles written prior to the introduction of Sarafem as we looked for discussion of body issues amenable to treatment with SSRIs. Nearly half (39 out of 83 articles) mentioned successfully treating a feminine body issue: eating disorders, PMS, postpartum depression, and pregnancy depression. While the latter are clearly feminine (attributed to women's hormonal cycling), a small proportion of men do suffer from eating and body image disorders (Pope, Phillips, and Olivardio 2000). However, 90 percent of those seriously disordered are women, and women's body dissatisfaction has been steadily increasing for the past 50 years (Feingold and Mazzella 1998; Haworth-Hoepfner 1999). In contrast to the 39 feminine-body articles, only 5 mentioned the male body, listing SSRIs as a treatment for premature ejaculation.⁵

Articles citing feminine body issues often left gender implicit. *Prevention*, in the most covert case, discussed "exciting" research on Prozac for the treatment of fibromyalgia, a chronic condition of painful tendons and joints. The article overlooked that fibromyalgia overwhelmingly affects women. In most cases, though,

the gendered-body messages were easily read. For example, a manifestly gender-neutral *New York* article began with a vignette about "Simon" but continued with "Vanessa," "Sarah," and "Phoebe," telling us that Sarah's depression began with her first pregnancy. Similarly, two manifestly gender-neutral *Newsweek* articles list PMS, binge eating, and obesity among the "socially topical concerns" for which physicians are increasingly prescribing SSRIs, even quoting a physician whose PMS sufferers "just love it." Postfordist bodies may thus remain more gendered than Martin (1994) contends, and the new biodeterminism may be less an equal opportunity vocabulary than it first appears.

In fact, much public talk links SSRI use to the containment of female hormones and hungers. Though approved by the Food and Drug Administration only for the severe PMS (premenstrual dysphoric disorder) targeted by Sarafem, 13 articles listed PMS as a condition treated with Prozac—with *Health* and *Newsweek* applauding the news. The Food and Drug Administration has similarly approved SSRIs to treat the severe purging of bulimia, but the Prozac family is not specifically approved for binge or compulsive eating, weight loss, obesity, or perhaps more surprisingly, anorexia. Nonetheless, 10 articles touched on their common off-label use for such purposes.⁶ Eli Lilly, Prozac's producer, had hoped to gain approval to market directly for weight loss, but the drug failed to show clear effectiveness. Still, the two *Business Week* articles reported that off-label use by gender-neutral "dieters" is widespread. The *New York Times* claimed that weight loss is what gives Prozac its "cult status."

Several additional articles implicitly connected Prozac with such disciplined feminine body ideals. *Vanity Fair* emphasized that the young female author of the depression memoir *Prozac Nation* is a "babe" and a "hot young thing," while now-defunct *Lear's* (directed toward middle-aged career women) described women users in vignettes as "fit," "taut," and "lean." *Ms.* magazine echoed the ideal in a memoir by a writer wanting to quell her binges; she lamented that after going off Prozac, her "hunger soared." Metzler similarly noted that *Prozac Diary's* author confessed revulsion with "huge and doughy" women, using her own serotonin boost to jog religiously (2002, 374).

In contrast to this uncritical, degendered media discussion, feminist scholars have raised a great deal of skepticism about current feminine ideals of body self-surveillance and thinness, if not of Prozac use. Most notably, Susan Bordo (1993) argued that repressive body disciplining is constitutive of femininity in our era. To those of us teaching, counseling, or rearing young girls and women, the linkage of Prozac to hegemonic feminine body ideals may be more troubling than the burgeoning use itself. SSRIs are relatively safe compared to earlier psychotropics; they also are preferable to self-medicating depression with alcohol and tobacco. But messages reinforcing feminine body ideals in Prozac talk carry added power by being covert. That is, popular media's pretense that men and women have an equal opportunity to experience depression inadvertently makes biological psychiatry more appealing. After all, in the Prozac nation, we are all free of gender bias (Kegan Gardiner 1995). Women dissatisfied with their bodies will hear that Prozac is for them, although according to Kegan Gardiner, some experts "bemoan" the drug's

use for such “trivial” “women’s problems” (1995, 508). Rebecca Lester (1999) found a similar paradox in her study of Overeaters Anonymous and its ostensibly gender-neutral discourse for disciplining women’s bodies. While it would be problematic to revert to prefeminist psychiatry, its naming of women and our “nature” as the problem—equal opportunity talk about depression obscures the reality of women’s lives and continued cultural typing of experience.

Is Prozac Overused?

The popular print media we studied largely embraced Prozac and biological psychiatry approvingly; however, articles did voice some qualms. Sixty percent of the articles raised concerns about the possible overuse of SSRIs for minor stress, prescriptions by nonspecialists or for children, unknown long-term side effects, or conflicting interests of drug and insurance companies. Surprisingly, on the latter, only eight articles queried the huge corporate interests involved. In these, as in nearly all the articles, skepticism was leavened with trust in biomedicine. Initially provocative to grab readers (e.g., “Are we becoming a nation of vacuous annoying smiley-faces?” *Men’s Health*), most articles followed with respectful discussions of brain chemistry and disease: “Genuine depression is . . . a real biological disease,” and Prozac is “a very good drug” (*Mademoiselle*).

A *Newsweek* attempt at evenhandedness in “Drugs vs. the Couch” admitted that corporate interests have encouraged psychopharmaceuticals over talk therapy. Yet the author concluded that the only place for “the couch” is to cope with the emotional “fallout” of a biological disorder. Another *Newsweek* article acerbically commented that Prozac “has spawned a culture of pill poppers” who, like people in the 1960s, want to be “more cheerful, more mellow,” yet the article suggested no psychosocial basis for such nostalgia. It included impressive brain maps, and it excitedly stated that science is “closing in on” the neurotransmitter origin of every emotion, trait, and memory. *Current Health* asked if we have become “a nation of whiners” but pragmatically concluded that SSRIs “seem here to stay.” *Harper’s Bazaar* complained of most physicians’ ignorance of SSRI withdrawal, yet closed, “Always go off medication with a doctor’s supervision.”

Nine articles cited Huxley’s fearful *Brave New World* of drugged-up docility as an opening grabber, yet all but one then discussed Prozac quite differently, as more like aspirin than the nightmarish “Soma.” Articles compared depression to diabetes and asthma, even to epilepsy, heart disease, and hemophilia: “The human body is extremely prone to minor malfunctions—why assume the brain is exempt?” (*New Scientist*). Devout Christians, who question whether we should value suffering and greater ethical responsibility, concluded that Prozac was a gift from God (*Christianity Today*, *Harper’s*).

Prozac and the New Economy

Bioethicists’ concerns with burgeoning Prozac use stem from the suggestion of psychiatrist Kramer (1993) that it made some patients “better than well,” giving

them a “competitive edge” rather than just ameliorating depression. Kramer asked whether this “cosmetic” use was ethically dubious, for men as for women. Bioethicists then defined “enhancement” as “interventions designed to improve human form or functioning beyond what is necessary to sustain or restore good health” (Hastings Center 2000). This notion importantly shifts the explanation of the Prozac phenomenon from biological to social, or at least suggests reversing the causal order, so that social pressures trigger biological disease. Kramer’s original discussion included a detailed discussion of neurochemical stress responses, yet it also pointed to anxieties provoked by global capitalist volatility and the New Economy.

We found that 17 articles, 20 percent of our sample, clearly expressed this workplace theme in the expository (nonvignette) content, with Kramer (1993) explicitly cited in 5 of these. Because Kramer is not sanguine about capitalism, these 5 articles express a more skeptical tone than others. For example, in *American Health*, Kramer was described as worrying that people might feel “coerced—especially in the workplace” to use Prozac to stay competitive “just as some athletes have felt pushed toward steroids.” “A fast-changing, future-oriented society like ours” demands “optimistic, energetic, flexible” personalities. In *Newsweek*, Kramer was quoted with his steroid analogy again: Prozac is the “corporate equivalent of steroids,” used “to fulfill the cultural expectations of a particularly exigent form of economic organization.” Strikingly, only Canadian magazine *Macleans* explicitly considered that employers (who, according to this article, increasingly expect more work from fewer people) might be part of the problem: “They [employers] should be changing the workplace to reduce the stresses that can trigger depression.”

Working Woman was more typical of the remaining dozen articles identifying Prozac with the need for workplace enhancement. This group sympathized with employers’ needs. The author at first sounded pragmatic: “The annual cost of depression in the U.S. was a staggering \$43.7 billion in lost productivity, absenteeism, and medical care.” Then she reported, “Managers are taught to get tough if need be. When the assistant refused to take her Prozac . . . [her superiors] said the company couldn’t continue to cover for an underperforming employee.” *Fortune* was also uncritical of the Sara Lee Corporation, which pressed its health insurer to comb plant records for those “sluggish workers” and “heavy users of medical services” who might benefit from “mood-elevating drugs.”

Additional articles expressed workplace/New Economy anxieties in vignettes or narratives, also framed without criticism of employing organizations. For example, in one unusual vignette featuring a man, “James,” a 41-year-old ex-lawyer, realized that “his mood, not the original job, was the problem.” Back on the job and on Prozac, James recalled a “particularly busy spell,” when “he paused mid-frenzy and thought, ‘God, I’m so efficient. I’ve never been able to handle this much work’” (*New York*). More typical was “Helen,” a public relations executive, who had been “paralyzed” by “looming deadlines” but found that on Prozac, she “juggle[d] competing priorities” “gracefully,” “with a more buoyant personality” (*Newsweek*). Metzl similarly discovered that Prozac protagonists open businesses,

return to school, enter professions, and are freed from depression in order to work. In contrast to earlier psychotropics, "Prozac . . . is a productivity narrative" (2002, 356).

Interestingly, we found a small number of articles that disagree, casting the serotonin boost as nonproductive or even unproductive. To these authors, Prozac is often used to merely "banish the doldrums" or provide a "feel good" drug for "recreational" use. Such articles contained some of the most disparaging comments about Prozac takers. Science writer Natalie Angier quipped, for example, "Some doctors worry that the pills are the pharmacological equivalent of a Snackwell fat-free cookie: a chance at bliss without paying the price" (*New York Times*). Writing in *Mademoiselle*, Angier likened Prozac to the illegal nightclub drug Ecstasy, as did a writer in the *Economist*. Finally, most skeptical of all, a *Newsweek* article observed that French intellectuals find Prozac "a quick fix à l'Americaine," "sent by the barbarians who sent MacDonalds" and "Baywatch." This associates Prozac with incredibly productive global enterprises but also with their underside: mind-numbed, overfed couch potatoes.

Perhaps anxieties about productivity still underlie the disparagement in this latter group of articles. French citizens, like the American "upscale professionals" who find SSRIs a new "status symbol," will have to adapt to the global marketplace. Rather than seeking a "quick fix," they must truly struggle to meet heightened productivity pressures. Their use of Prozac seems to be disparaged because it represents an escape from rather than an enhanced engagement with this effort. Similarly, Ecstasy is used at nightclubs for chemical relief after work rather than for enhanced effectiveness during the working day.

Taken together, these articles also indicate that Prozac discourse constructs a binary of users much like welfare discourse (Brush 1997). The truly deserving or worthy users genuinely deserve help. They are biologically suffering or struggling to achieve greater productivity, and in our era, these may have become much the same. "James" and "Helen" suffer from a brain disorder and deserve neurochemical help, as do the "sluggish workers" at Sara Lee. In contrast, the undeserving, whose use of Prozac is disparaged in popular talk, take Prozac to escape from productivity's relentless grip. They want to feel good "without paying the price," while costing employers and their nations billions.

Muscular Femininity

Our in-depth analysis suggests that this worthy user, with an enhanced and productive body, is gendered female. Yet in the case of enhancing productivity, reading the gender messages was difficult, with more blending or hybridizing rather than merely reinscribing of traditional traits. Seven articles cast Prozac as masculinizing the feminine. *New Scientist* was most direct, observing that it "seems to be a drug for our times" that "helps produce ambitious, extrovert go-getters," particularly among the women who are "most" likely to use it: "It may help take them to the success that society now expects of them." This is doubtless provoked by the repetition

of Kramer's (1993) steroid analogy: For example, in the *New York Times*, he called Prozac the "anabolic steroid for character." Most readers presumably know from stories of widespread abuse by professional athletes that steroids create a hypermale muscularity first cultivated by bodybuilders. Kramer was quoted, similarly, in other articles describing Prozac as providing the "muscular assertiveness" our society demands (*Newsweek*, *People Weekly*, *Psychology Today*). What is most interesting, specifically for feminist analysis, is how this muscularity is now needed by women. The *New York Times* similarly expressed this hybrid message, stating that women are more likely to be "Prozac-takers," yet serotonin is a "muscular chemical."

We came upon only one explicitly feminizing description of Prozac's effects: Memoirist Lauren Slater (of *Prozac Diary* 1998) wrote that with Prozac, she felt more maternal (*New York Times Magazine*). We saw no other talk of Prozac enhancing the traditionally feminine. Instead, we were struck by the words connoting the hard productive body: "efficiency," "muscularity," "taut," "edge." In fact, rather than enhancing emotional attunement or availability, Prozac clearly is used, as Kramer (1993) has written, to desensitize. One patient from Kramer's 1993 bestseller, "Tess," who crops up in more than a few articles was clearly exemplary: She was a "weary, lonely" businesswoman with a history of caregiving for many younger siblings. On Prozac, Tess not only began happily dating, but her managerial style became "more confrontational," more successful and energetic, as she enjoyed "lessened sensitivity" (*Newsweek*, also *American Health*, *People Weekly*, *Psychology Today*, *Time*). According to Kramer, Prozac "transformed" Tess from a woman who was easily tearful to someone "altogether cooler" (*Psychology Today*). Metzler discovered similar themes in his literary analysis, noting that while Prozac seems to break down the gender binary with "the feminist Prozac self" masculinized, productive, competitive (though strictly heterosexual), it paradoxically recreates the binary. It is still women's "postmedicated selves" who "represent the underside of progress" and who need continued serotonin reuptake inhibitors (2002, 370, 377).

This "postmedicated self" represents "postfeminism" as well, with its assumption that women will be high achievers as they also report to the gym to pare body fat. As the "drug for our time" (*New Scientist*), as suggested by a writer in *Health*, Prozac is needed by overwhelming numbers of today's postfeminist women: An estimated "70 percent of all women suffer before their menstrual period," but Prozac makes "their jobs and housework easier to manage." Among 10 stories specifically about employed mothers, one in *Time* magazine quipped, "What few people know is that Susan, 44 [mother of two young children and co-owner of a consulting firm] needs a little chemical help to be a super mom." *Lear's* featured "Elizabeth"—"now on Prozac, about to begin work on her doctorate, she looks fit, taut, and quick"—and "Alexandra"—studying Chinese, "a tall, dark-haired woman of lean, graceful bones."

Like "Susan," "Elizabeth," "Alexandra," and "Tess," the masculinizing or gender hybridizing women in popular Prozac talk were overwhelmingly of elite social

class, the ultimate proof of the worthy user and her productivity. We found, when rereading articles with vignettes, about three-quarters of individuals were described with clear signifiers of affluence, often signaled by geographical residence, an elite occupation, or an educational title. *American Health* spoke of three women users: a public relations consultant, a New York City editor, and a Laguna Hills writer. *Consumer Reports* recounted that "Rachel G." worked in biotechnology and an unnamed woman user was a technical writer in San Francisco. *Macleans* included "Betty Moodie," a receptionist and mother married to a university professor. The *New York Times* placed a mother selling Tupperware (since her husband lost his business) on the back page, while the front page offered that four of six friends, "all highly successful professionals," were on Prozac.

We did find a few accounts of Prozac use by high-status men that might contradict our argument about Prozac's gender, if not its social class. These accounts emphasized the continued success of celebrity men after overcoming depression. They included Dick Cavett (*Time*), Florida politician Lawton Chiles (*Newsweek*), and a "top-rated TV anchorman" and "macho Texan" (*Newsweek*). Such narratives, however, were countered by stories associating Prozac use with the failed masculine achievement of Clinton attorney and suicide victim Vincent Foster (*Lear's*) and Princess Diana's driver (*New York Times*). Moreover, these five were among the few men mentioned as Prozac users.

Readers' Digest, reaching the largest print audience in our group with its circulation of 15 million, featured one article on Prozac, and it exemplified traits of muscular femininity. Titled "The Wizard of Prozac," it was written by an obviously well-educated woman a few years past her 35th birthday. She wields biomedical vocabulary in expository passages on drug research as she also details how Prozac rescued her from "the Beast" of recurrent depression. "Few people have affected my life quite as profoundly as the person who invented this drug. And I decided to tell him so, whoever and wherever he was." She sojourned to Lilly headquarters, rising "Ozlike out of the flat Indiana farmland," to meet her three science heroes. While two responded with avuncular pleasure, the last blurted, "I just wanted to do it for the intellectual high," not to rescue postfeminist women. With cool Prozac talk, she concluded, "I can live with that. Happily ever after."

British researchers Lisa Adkins (2001) and Linda McDowell (1997) have suggested that the hybridized bodies of muscular femininity are becoming an actual job requirement for elite women in the New Economy. Although lower-status service jobs like cocktail waitress or flight attendant require women's heterosexual display (Hochschild 1983), the higher-status service jobs that postfeminist women now enter require an "ideal worker" with a more "flexible relation to gender performance" (Adkins 2001, 670). Image, style, and surface become a skill as varied femininities and subtle degrees of allure and professionalism must be self-consciously manipulated for rapidly changing opportunities, clients, and marketing strategies. This agile performer relies on coolness, edge, and desensitization rather than warmth or softness; she must deploy sexuality with "business acumen" just as Prozac talk prescribes (*Psychology Today*).

With productivity pressures, demands for “flexibility” in the New Economy may lead to downgrading or exclusion for those deemed “unfit” (Adkins 2001, 674, 681). Surviving corporate downsizing, for example, may require special resilience. Retraining programs specialize in “adrenaline learning,” as in the popular high rope courses used to reestablish team loyalty. Such programs aim to change employees’ brain chemistry and physicality, to “capture the type of energy” of jumping off 40-foot towers for the workplace (Martin 1994, 213-21). No wonder “Helen” and “Tess” need Prozac. In fact, the bodily ideal of New Economy organizations, the body demanded by global capitalist volatility, reveals a strong similarity to the overactive, traumatized stress-response system that psychiatrist Kramer argues is so well treated with Prozac. Postfeminist women living in such an edgy workplace must be quite different from the “mellow yogis” that Valium encouraged (Koerner 1999, 2). In the Prozac nation, tautness is the desired end, and “power yoga” has become the latest fitness craze. A hybrid combining traditional postures with twenty-first-century “brawn” and speed, “kick-ass yoga” exemplifies the new feminine ideal (Cushman 1995; Sullivan 2002).

Feminist Skepticism

Because an earlier generation of feminists was so critical of biomedicine and psychiatry, we scrutinized the articles in our sample for traces of feminist skepticism. That is, was Prozac suspected of being prescribed by male experts to control women and shape them for patriarchy? We found traces of this in 9 of our 83 articles, which asked whether Prozac was the “new mother’s little helper,” the “Valium of the 90s,” or “mind candy thrown at women.” Suspicions were short lived though, as authors reassured readers that depression is caused by neurochemical imbalances, that it is undertreated, and that Prozac is prescribed by benevolent experts. *Redbook*, in “Women and Depression: Are We Being Overdosed?” concluded respectfully, “With the right medical care and attention, it [Prozac] can make all the difference.” Wurtzel, author of *Prozac Nation* (1994), was one of the few to doubt this, “as if a million doctors didn’t say the same things to women about DES, the IUD, Valium” (*Vogue*). Yet she turned to multiple psychotropics.

Ms. magazine was the only publication to actually credit feminism for emphasizing depression’s social triggers rather than merely its biological dimensions. *Ms.* concluded that the solace offered by new drugs should be taken, but without “forgetting what lurks behind the symptoms.” A number of important women’s issues were specifically listed as depression triggers: rape, abuse, and violence; marriage and care for young children; low education and poverty. In contrast, the accompanying article emphasized using Prozac to quell “rampaging appetites.” The author included enough details to allow one to glean that she is well educated, successful, single, and childless. If she is a survivor of sexual assault or violence, this went unmentioned in the narrative. Thus, we found a mixed picture of Prozac use. While in some respects more critical than other popular sources, *Ms.* too conveyed the message of disciplining and containing the female body, enhancing its productivity.

CONCLUSION

Psychiatrist Kramer observed in a footnote in his bestselling book that most depression occurs among women, that women are much more likely than men to seek treatment and slightly more likely when they do to receive a psychotherapeutic drug (1993, 319). We found this important observation concealed beneath a gender-neutral façade in popular discourse about Prozac. The degendered façade was very thin, however, contradicted by gendered vignettes, illustrations, and messages about female body disciplining and enhanced, New Economy productivity.

Yet why the manifest gender neutrality? Perhaps, as one author suggested, Prozac's celebrity is bringing depression "out of the closet." As it gradually becomes less gender typed, more men may feel free to seek treatment (*American Health*). Certainly this would please pharmaceutical companies. The phrase "out of the closet" seems to signal men's emotional liberation, but like most "very straight gay" men who shun feminine attributes (Connell 1992), we do not foresee Prozac's becoming so gender free. Alternatively, most journalists may simply be gender "minimizers" who employ gender-neutral language unthinkingly—neither to harm nor to conceal women's interests—but from the popular diffusion of feminism itself. The number of tales of high-achieving women users certainly suggests this (Kegan Gardiner 1995). The manifest story is of equality and accomplishment, but with a latent message that women still need help or rewiring. Prozac does work without the significant physical risks of earlier psychotropics. Yet it appears to be the "mother's" rather than the "parents'" little helper for our time, covertly helping to rewrite gender oppression, if with new muscular twists.

Prozac talk may also signal the realigning of gendered bodies of particular women. Professional-managerial women may be most targeted. As the work of Bourdieu (1984) suggested, "petit bourgeois" women with the greatest status vulnerability mark distinction through the body, with discipline, restraint, and "elective asceticism." Future research should scrutinize further such questions of social class, the engendering of bodies, and paradoxes of privilege and oppression. Moreover, the pronounced absence of race we observed in popular Prozac talk could be very telling. Because whiteness is the unmarked position, whiteness may be assumed in discussions of feminine "fitness" and new body ideals. However, Martin (1994) cautioned that media discourse may not well encompass the body imagery people actually operate with. Future research might compare white and nonwhite women's body ideals and psychopharmaceutical use.

The manifest gender neutrality of popular Prozac talk may make it hard to see the need for feminist critique at this historical moment. Such constructionist vocabularies do not square well with what psychiatrist Kramer called the new "biological materialism" and its near-complete reliance on neurochemically determinist models of human action (in *Newsweek*). Like Kramer, we found that popular periodicals overwhelmingly employed the biodeterminist model. Even where skepticism was voiced and ambivalent qualms heard, these were cast as resolvable through biomedicine itself, its inevitable progress and self-correction. The high-tech era has

brought safer psychopharmaceuticals and actual wonder drugs like protease inhibitors to treat AIDS. Yet it has also brought the human genome project, assisted reproductive technologies, and Botox. It is important for feminist scholars, in each new context, to ask how such advances contribute to the historically specific engendering of bodies, to new forms of body ideals and inequalities.

**APPENDIX
ARTICLES FOR IN-DEPTH ANALYSIS**

<i>Title</i>	<i>Number of articles</i>
<i>American Health</i>	4
<i>American Heritage</i>	1
<i>Business Week</i>	2
<i>Christianity Today</i>	1
<i>Consumer Reports</i>	1
<i>Current Health</i>	1
<i>Discover</i>	1
<i>Economist</i>	1
<i>Fortune</i>	1
<i>Harper's</i>	2
<i>Harper's Bazaar</i>	1
<i>Health</i>	1
<i>Ladies' Home Journal</i>	1
<i>Lear's</i>	1
<i>Macleans</i>	5
<i>Mademoiselle</i>	3
<i>Men's Health</i>	1
<i>Ms.</i>	3
<i>Newsweek</i>	11
<i>New Scientist</i>	3
<i>New York</i>	2
<i>New York Times</i>	4
<i>New York Times Magazine</i>	2
<i>People Weekly</i>	1
<i>Psychology Today</i>	5
<i>Prevention</i>	2
<i>Reader's Digest</i>	1
<i>Redbook</i>	1
<i>Saturday Evening Post</i>	1
<i>Science</i>	1
<i>Science News</i>	4
<i>Scientific American</i>	1
<i>Time</i>	5
<i>U.S. News & World Report</i>	3
<i>Vanity Fair</i>	1
<i>Vogue</i>	3
<i>Working Woman</i>	1

NOTES

1. Perhaps Viagra attracts similar media attention; however, it is not, strictly speaking, a psychopharmaceutical designed to treat emotional illness per se. For a critical feminist study of Viagra, see Loe (forthcoming).

2. Many consumers now use the Internet as their major information source; however, this was less common when Prozac first appeared. Moreover, no systematic index of Web sites yet exists, and many sites merely duplicate print media sources.

3. Because of inconsistencies in the *Readers' Guides*, we added 19 abstracts from our 1999 pilot search: Of 149 abstracts, 66 fell short of our inclusion criteria. Eighty-three met the criteria, and thus full articles were obtained for analysis. All are from magazine sources except those from the *New York Times* (see appendix for sources).

4. Sarafem provides Lilly a separate patent until 2007 with which it hopes to offset huge losses from Prozac's competition with generic brands (Goode 2002; Petersen 2000). Although companies seek ever-expanding markets, patent expirations may counter their desire to leave a product's demographics unmarked and open.

5. Selective serotonin reuptake inhibitors dampen libido in a substantial portion of users. Whether this is represented as enhancing male sexual performance (in the age of Viagra) merits another article. Sociologist Meika Loe studies sexual dysfunction and believes that selective serotonin reuptake inhibitors eventually will get greater attention for such masculine enhancement because of pharmaceutical companies' profit motive (personal communication 2003). We have more doubts about selective serotonin reuptake inhibitors' being so successfully regendered.

6. "Off label" refers to the prescribing of drugs for conditions other than those approved.

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Linda M. Blum is an associate professor of sociology and women's studies at the University of New Hampshire. She is the author of At the Breast (1999) and Between Feminism and Labor (1991). Currently, she is studying mothers raising kids with social, emotional, and behavioral disabilities.

Nena F. Stracuzzi is a doctoral candidate in sociology at the University of New Hampshire. Her research interests are in the areas of family, gender, and medical sociology. Her dissertation examines the intersection of medicalization and mother blame amid the controversial rise in psychiatric diagnoses and psychopharmaceutical treatments for children.